

[illegible]

Panels	Basic Metabolic	Sodium Potassium Chloride tCO ₂ Glucose BUN Creat Calcium	Cardiac	EKG CXR CBC w / diff	Glucose Lytes BUN Creat CK	Myoglobin Troponin PT / PTT	Trauma	HcG (females) AP Pelvis Cross Table C-Spine AP Chest CBC w/ diff Type & Screen Glucose Lytes BUN Creat UA w/ micro	Hepatic	Albumin Total Protein AST ALT Alk. Phosphatase Bilirubin total & direct	Critical Care II	Sodium Potassium Chloride Blood Gases Ionized Calcium Hemoglobin	Sepsis	CBC w/ diff Lytes Glucose BUN Creat UA w/ micro BC x I CXR Lactate
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Date 12/20/07
Code Status

TRIAGE TIME 2:33 PM
NAME: Pavovich
D.O.B: May 27, 1948 AGE: 59 M F
ARRIVAL MODE car EMS police
PCP: none
Primary Language Spoken: English Spanish other
Communication Needs: Interpreter
speech / hearing / cognitive

TREATMENT PTA see EMS report
O₂ Acck 34%
12 lead done ST H₁₂ meds given
VITALS
BP 160/80 P 108 R 18
Weight 109 kg
temp 35.0
RA 102
GCS 10A

PAIN LEVEL 6-7/10 location CL

☒ Meets criteria for advance treatment protocols

Triage RN Signature *Cheryl M 3/23/24*

TIME

INIT

side rails up x1
disrobed / gowne x2
ID band applied
ID band verified
blanket provided



SIGNATURE	[Signature]
INITIAL	[Initials]

^ protocol available

CONDITION
 unchanged
 improved
 stable
 other
 Mode: walk stretcher W/C stretcher ambulance
 Discharge Signature
 Discharge Signature Sheet

Discharge Vitals
BP _____ HR _____ RR _____ Temp _____ SpO₂ _____
pain level at discharge _____

left AMA/LWBS signed AMA sheet refused physician notified of

admitted / transferred to _____
with nurse / transporter _____ on O2 _____
cardiac monitor _____
report to _____
transfer documentation completed _____
notified family / police / ME _____

- discharged home police nursing home ME funeral home
- verbal / written instructions / RX given to: patient
- verbalized understanding
- ✓ learning barriers addressed
- accompanied by / driver

DISPOSITION

patient	family	security	safe	see patient belongings list
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PROPERTY TO:

IV / saline lock discontinued; _____
 Total Armt infused _____
 Time _____
 Initials _____

INTAKE OUTPUT

_____ At _____ was

Penalty for not

[Handwritten signature]

[Handwritten signatures and dates]

SA 02

BP	P	RR	temp	O R Ax
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VITALS

awaiting physician review

Time	Order completed	Order received
10:00	10:00	10:00
10:05	10:05	10:05
10:10	10:10	10:10
10:15	10:15	10:15
10:20	10:20	10:20
10:25	10:25	10:25
10:30	10:30	10:30
10:35	10:35	10:35
10:40	10:40	10:40
10:45	10:45	10:45
10:50	10:50	10:50
10:55	10:55	10:55
11:00	11:00	11:00
11:05	11:05	11:05
11:10	11:10	11:10
11:15	11:15	11:15
11:20	11:20	11:20
11:25	11:25	11:25
11:30	11:30	11:30
11:35	11:35	11:35
11:40	11:40	11:40
11:45	11:45	11:45
11:50	11:50	11:50
11:55	11:55	11:55
12:00	12:00	12:00
12:05	12:05	12:05
12:10	12:10	12:10
12:15	12:15	12:15
12:20	12:20	12:20
12:25	12:25	12:25
12:30	12:30	12:30
12:35	12:35	12:35
12:40	12:40	12:40
12:45	12:45	12:45
12:50	12:50	12:50
12:55	12:55	12:55
13:00	13:00	13:00
13:05	13:05	13:05
13:10	13:10	13:10
13:15	13:15	13:15
13:20	13:20	13:20
13:25	13:25	13:25
13:30	13:30	13:30
13:35	13:35	13:35
13:40	13:40	13:40
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13:50	13:50	13:50
13:55	13:55	13:55
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15:00	15:00	15:00
15:05	15:05	15:05
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15:25	15:25	15:25
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15:35	15:35	15:35
15:40	15:40	15:40
15:45	15:45	15:45
15:50	15:50	15:50
15:55	15:55	15:55
16:00	16:00	16:00
16:05	16:05	16:05
16:10	16:10	16:10
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16:35	16:35	16:35
16:40	16:40	16:40
16:45	16:45	16:45
16:50	16:50	16:50
16:55	16:55	16:55
17:00	17:00	17:00
17:05	17:05	17:05
17:10	17:10	17:10
17:15	17:15	17:15
17:20	17:20	17:20
17:25	17:25	17:25
17:30	17:30	17:30
17:35	17:35	17:35
17:40	17:40	17:40
17:45	17:45	17:45
17:50	17:50	17:50
17:55	17:55	17:55
18:00	18:00	18:00
18:05	18:05	18:05
18:10	18:10	18:10
18:15	18:15	18:15
18:20	18:20	18:20
18:25		

Spent night at her daughter's

2. How many people are there in your family?



~~Handwritten scribbles and crossed-out text.~~

0045 6870

ADDITIONAL NOTES

TIME	12-lead EKG performed notified	repeat EKG done x	echocardiogram	V/Q	duplex U/S	bronchodilator treatment nebulizer	x 1	x 2	x 3	Foley	fr.	mL return	lab drawn / sent	by ED tech / nurse / lab	to Xray	w/ monitor / nurse / O ₂ / tech	return to room	to CT	w/ monitor / nurse / O ₂ / tech	return to room	to cath lab	w/ monitor / nurse / O ₂ / tech	return to room
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PROCEDURES

☐ See MAR for medication administration

[Handwritten signature]

TIME	#	site	gauge	attempts	complications	INIT

IV STARTS

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ECF NOTIFIED

CRITICAL LAB VALUES

restraints see documentation

Accu-Check	ready for Dr eval.	notified doctor / seen by Dr
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pulse oximeter

cardiac monitor

TIME	INIT
0000	0000
0001	0001
0002	0002
0003	0003
0004	0004
0005	0005
0006	0006
0007	0007
0008	0008
0009	0009
0010	0010
0011	0011
0012	0012
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0070	0070
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0090	0090
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0097	0097
0098	0098
0099	0099

ACTIONS

PEROVICH, MARIA

27-May-1948
Female

Room: TRI
Loc: 201

ID: 2556927

21-Dec-2007 0:01:52

WILLIAM BEAUMONT HOSPITAL

Vent. rate 109 bpm
PR interval 150 ms
QRS duration 104 ms
QT/QTc 364/490 ms
P-R-T axes 54 25 15

Sinus tachycardia
Minimal voltage criteria for LVH, may be normal variant
Cannot rule out Anterior infarct, age undetermined
Abnormal ECG

Technician: 115560



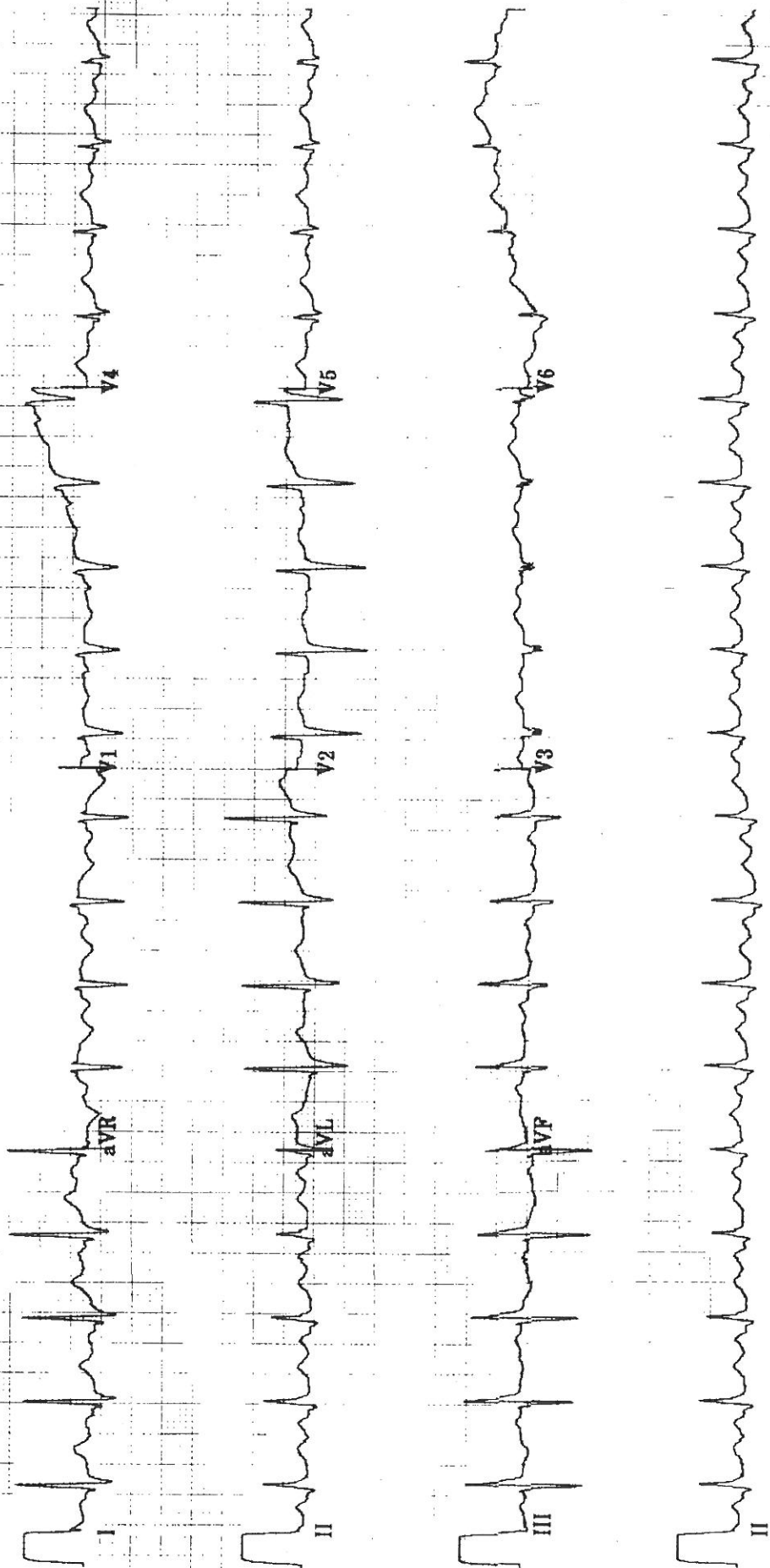
2556927-2014
PEROVICH, MARIA M
12-20-2007

Unconfirmed

Referred by:

TROY 25:

STAT? Yes



40 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm ld

MAC55 009A

12SL™ v237



Perovich, Maria

27-MAY-1948 (59 yr)

Female Unknown

Room: 217 EC

Loc: 201

ID: 2556927

Vent. rate
PR interval
QRS duration
QT/QTc
P-R-T axes

102 BPM
138 ms
100 ms
376/490 ms
44 28 7

Technician: 22987

Test ind:

30-OCT-2007 10:35:56

WBH ECG-TIRDEC 1ST PREVIOUS

Sinus tachycardia
Moderate voltage criteria for LVH, may be normal variant
Inferior infarct, age undetermined
Abnormal ECG

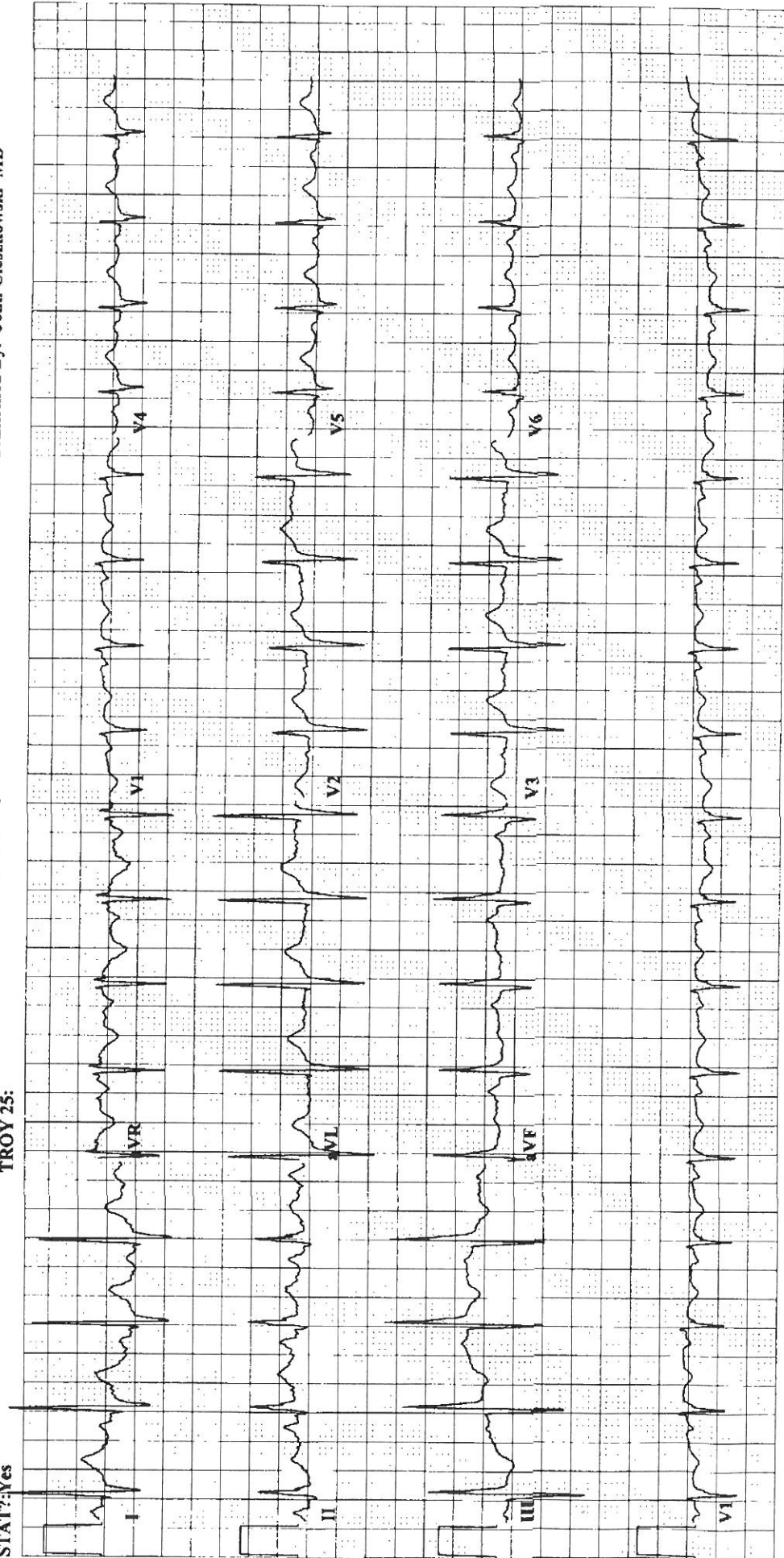
When compared with ECG of 20-APR-2004 06:28,
Manual comparison required for analog tracing
Confirmed by Cieszkowski MD, John (25) on 10/30/2007 7:35:08 PM

Referred by:

Confirmed By: John Cieszkowski MD

TROY 25:

STAT?: Yes



25mm/s 10mm/mV 150Hz 7.0.2 12SL 237 CID: 25

EID: 25 EDT: 19:35 30-OCT-2007 ORDER: 207181075 ACCOUNT: 25569272008

Page 1 of 1

Admit: ☐ No ☐ Yes To Whom: _____

Consult Dr. _____ Service: _____

Consult Dr. _____ Service: _____

Reason Being Sent	CF X 30mm	4/5 Pan	Past Medical History:
	Midsternal		
	HA		
	2 nausea.		
		190/110	
		132	
		ST	
		bid-sugar 347	
		ASA given	
		Numb is not given yet	

PATIENT NAME		PERSONAL PHYSICIAN		DATE		NAME OF REQUESTOR/CALLER		SIGNATURE OF PERSON TAKING / SENDING MESSAGE / ID	
GENDER		AGE		TIME		PHONE NUMBER			
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>		59						0329	

ROYAL OAK FAX (248) 551-3704
TROY FAX (248) 828-5068

EMERGENCY CENTER - PRE-HOSPITAL INFORMATION

Beaumont
William Beaumont Hospital